

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Mrs. Emily May Anderson				CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND			
Date of death	Month	Day	Age	Years	Months	Days
Female	Color or Race	White	Birthplace			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	William Anderson			
Father's Name	James P. Singleton				Father's Birthplace	Harford b o
Mother's Maiden Name	Harriet Morris				Mother's Birthplace	Harford b o
Name of person giving information	Mrs. Anderson				How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

J

Primary

Typhoid Fever.

1

X

How long

27 days.

Immediate

Lobar Pneumonia.

How long

4 days.

Are the name, age, sex, color, date and place correctly given above?

Yes.

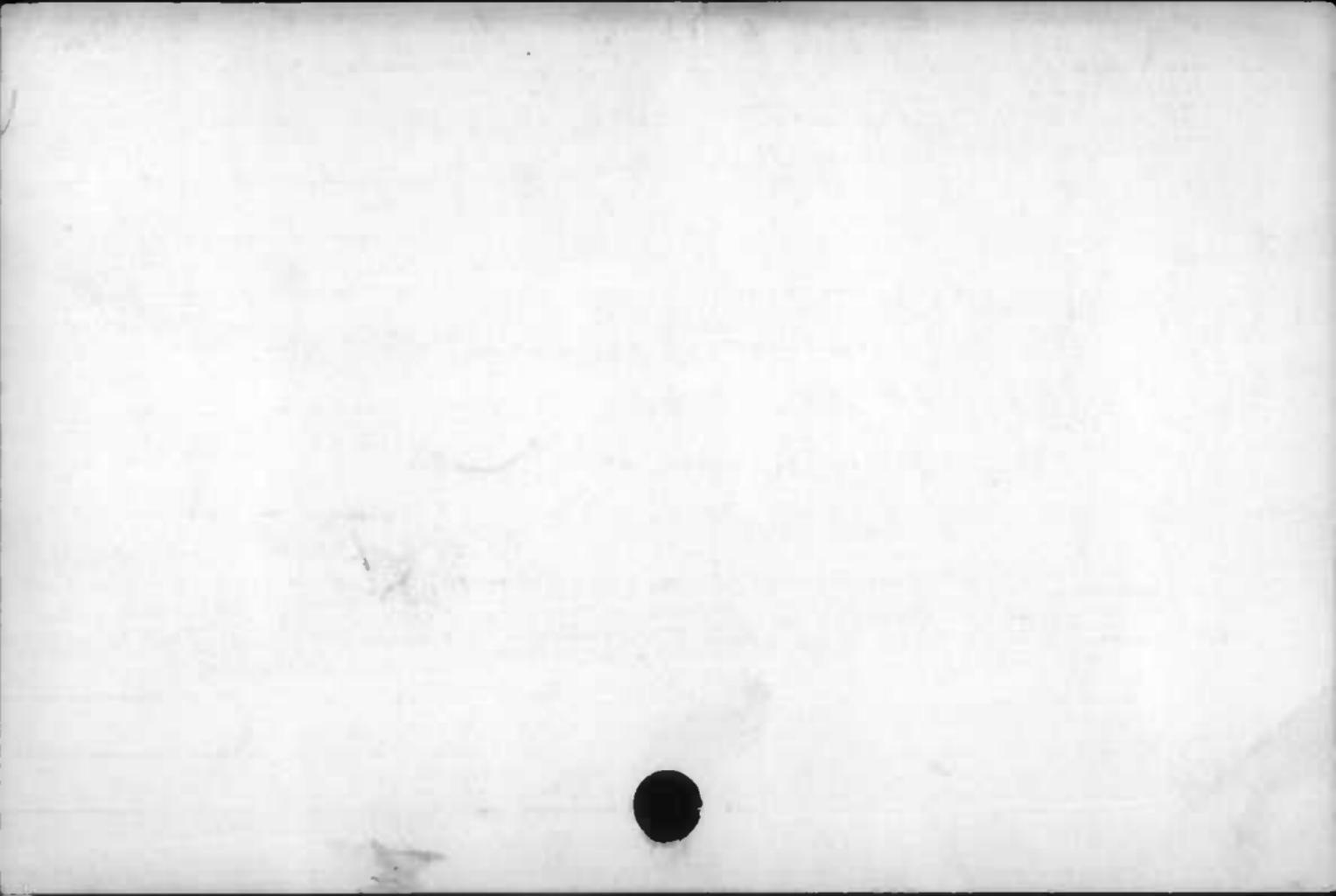
Signature of Physician

J. H. Gbias.

Address

Darlington, Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Harrison H. Cepress

CERTIFICATE OF DEATH

MARYLAND

Died at	Town <i>Rocke</i>	County <i>Harford</i>			
Date of death	Month <i>1900</i>	Day <i>1</i>	Years <i>86</i>	Months	Days
Sex	Color or Race <i>Male</i>	White	Birth- place <i>Harford Co</i>		
Occupation	Where Residing if not at place of death <i>Farmer</i>				
Married, Single or Widowed	Widowed	Name of Wife or Husband <i>Susanna Cepress</i>	Father's Name <i>Sent Brown</i>	Father's Birthplace <i>Unknown</i>	
Mother's Maiden Name	Mother's Birthplace <i>Sent Brown</i>				
Name of person giving Information	How related to deceased <i>Charles Cepress Son</i>				

CAUSES OF DEATH

64

Primary

Cerebral Hemorrhage

How long

Sudden

Immediate

Paralysis

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

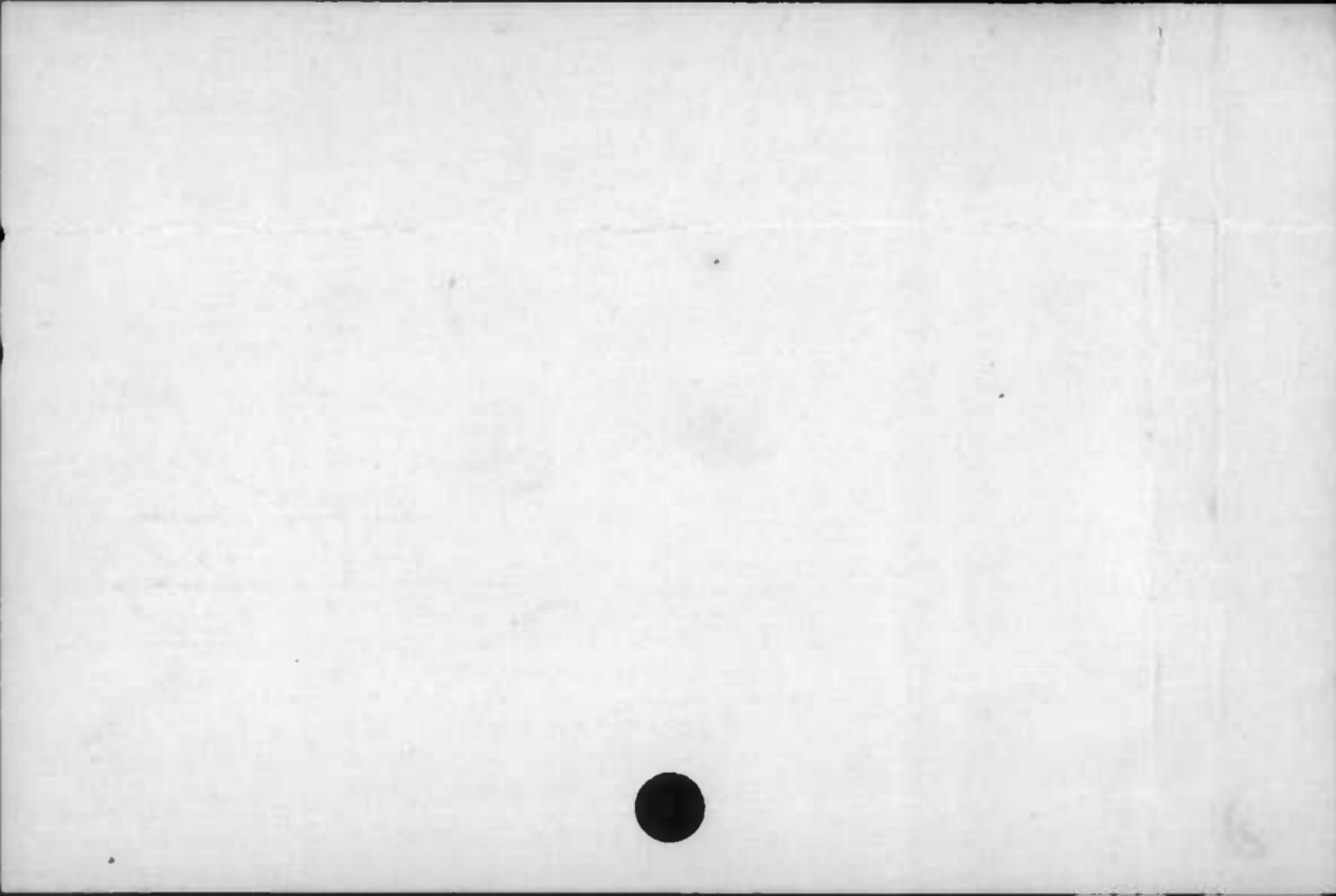
Signature of  
Physician

J. P. Smithson

Address

Front Street Harf

Accident or Suicide?



Name  
in  
Full

William Bush

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months Days
of death 1900	July	19	Age 70
Sex	Color or Race	Birth-place	
Occupation	Male	white	Maryland
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	Sarah Ann Bush
Father's Name	Michael Bush	Father's Birthplace	Germany.
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown
Name of person giving Information	Emory Bush.	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate

Probably heart disease Suddenly

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

How long

J. Lee Hugler  
Bel Air

110

Accident or Suicide

Centro

Name  
in  
Full

Charles Clinton Learman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Taylor Town

MARYLAND

Date of death 1910 Jan Month

13 Day

Years

Age 39

Month

17 Days

Sex Male

Color or Race

White

Birth-place

Baltimore Co Md

Occupation

Merchant

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's Name

Calch L Learman

Father's Birthplace

Balto. Co Md

Mother's Maiden Name

Annie F Foard

Mother's Birthplace

" " "

Name of person giving  
Information

L L Learman

How related  
to deceased

Father

103

24 hrs.

How long

How long

CAUSES OF DEATH

Primary

Acute Gastritis  
Heart Failure

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

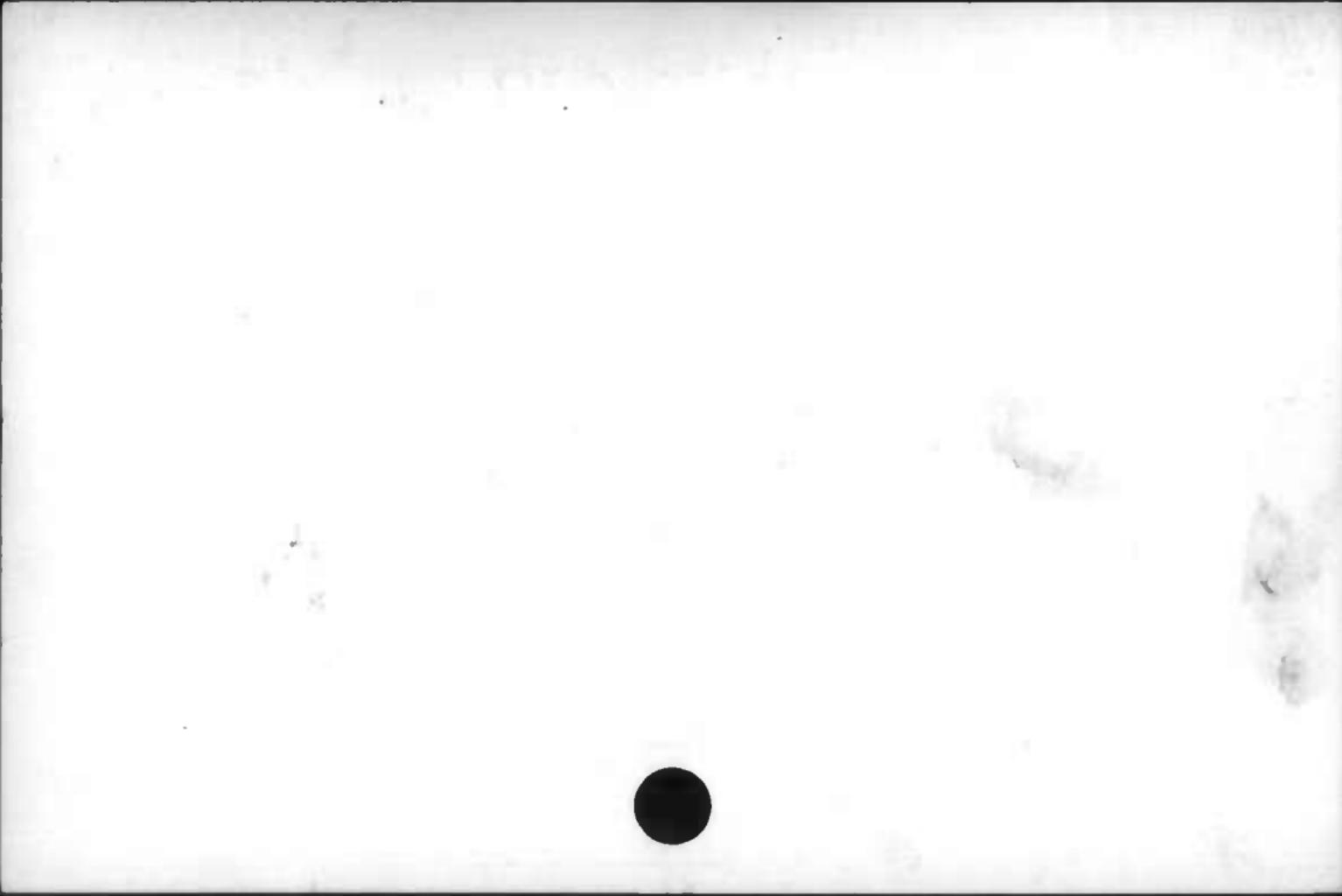
Signature of  
Physician

Address

F. E. Rigidou Ind.  
Jarrettsville Ind.

Yes

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at	Town		County			
	Glentorell		Harpers			
Date of death	190	Month	Day	Years	Months	Days
	10	Jay	14	Age	48	14
Sex	Female		Color or Race	white		
Occupation	House wife		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	Sidney Cooper		
Father's Name	John Edward		Father's Birthplace			
Mother's Maiden Name	Jane Huff		Mother's Birthplace			
Name of person giving Information	Sidney Cooper		How related to deceased			

CAUSES OF DEATH

Primary

Influenza

10

X

How long

Immediate

Pneumonia

1 w/k  
1 w/k

Are the name, age, sex, color, date and place correctly given above?

Yes,

Signature of Physician

Address

R. Wayne Ramsey  
Deer Rd

Accident Suicide



Name  
in  
Full

Joseph Copovic

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Aberdeen RFD			County	Stamford		
Died at	Month	Day	Years	Month	MARYLAND		Days
Date of death	1910	Jan.	28	Age	81	10	
Sex	Male	Color or Race	White	Birth-place	Germany		
Occupation	Farmer			Where Residing if not at place of death	Aberdeen		
Married, Single or Widowed	Married	Name of Wife or Husband	Annie St. Copovic			Father's Birthplace	Germany
Father's Name	Maciska Yimk			Mother's Birthplace	Germany		
Mother's Maiden Name	Annie Stalagiska			How related to deceased	Son		
Name of person giving Information	John Copovic			66	X	How long	2 yrs

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cerebral Softening  
Paralysis

Immediate

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide

Signature of Physician

Address

J. Kennedy  
Aberdeen Md



Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age	none	none	none		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Ascar Ordery					Father's Birthplace	md
Mother's Maiden Name	Clara Billingsley					Mother's Birthplace	md
Name of person giving information	Ascar Ordery					How related to deceased	Father
CAUSES OF DEATH						8	X
Primary	7 still birth					How long	no period
Immediate						How long	

Are the name, age, sex, color, date and place correctly given above?

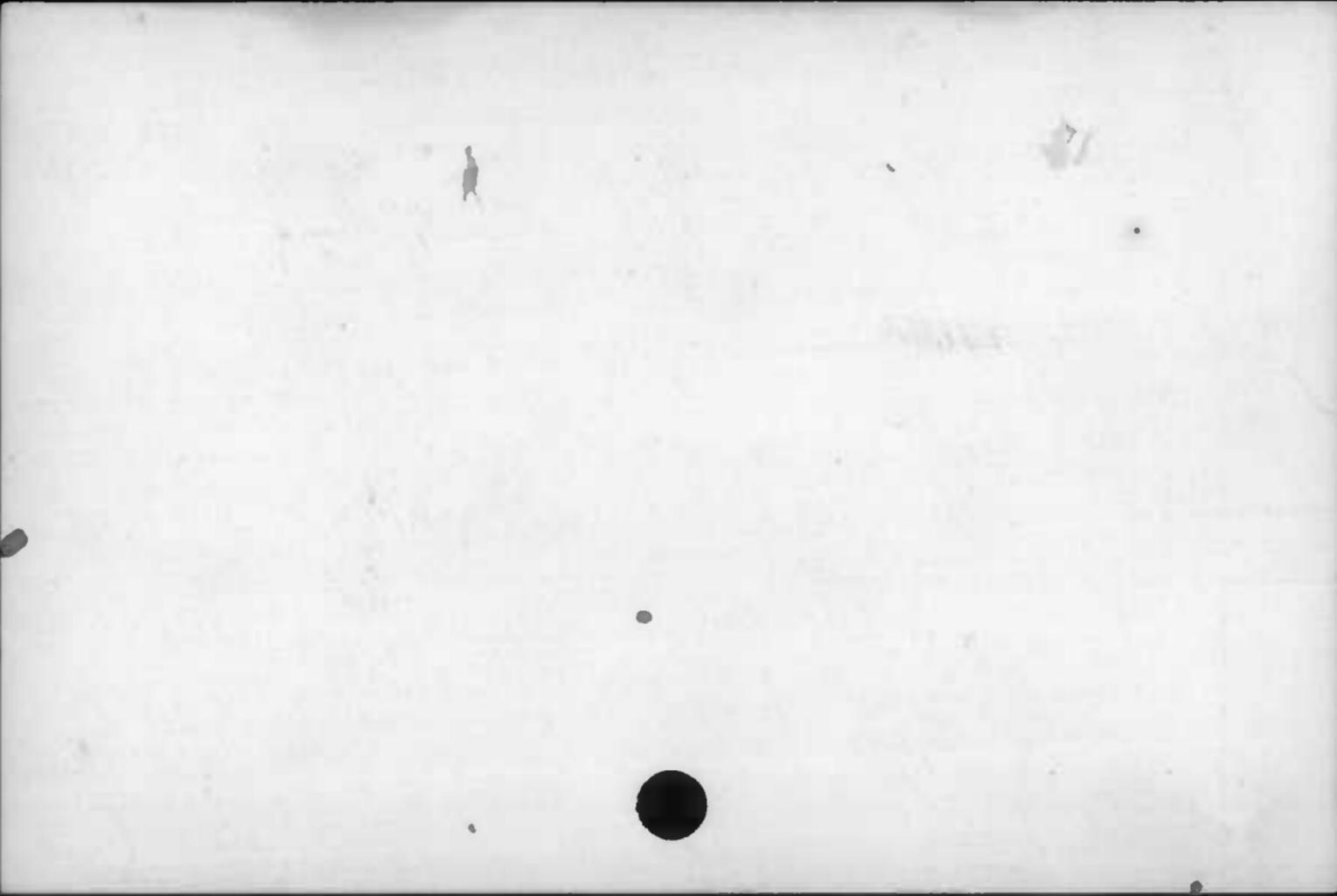
yes

Signature of Physician

Address

Willard Stirling  
Sleane  
red

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Eva B. Lee

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death			Birth-place	
Married, Single or Widowed	Name of Wife or Husband	Bel Air Md.			
Father's Name	David Lee			Father's Birthplace	Md.
Mother's Maiden Name	Delia Spencer			Mother's Birthplace	Md.
Name of person giving information	Delia Osborn			How related to deceased	Mother

CAUSES OF DEATH

138

PHYSICIAN  
OR CORONER

Primary

Patient dead when I arrived  
had trouble

How long

Called 4:15  
Arrived 4:35

Immediate

Unknown

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr.

Accident or Suicide?

Astbury.

Name  
in  
Full

Catherine L. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

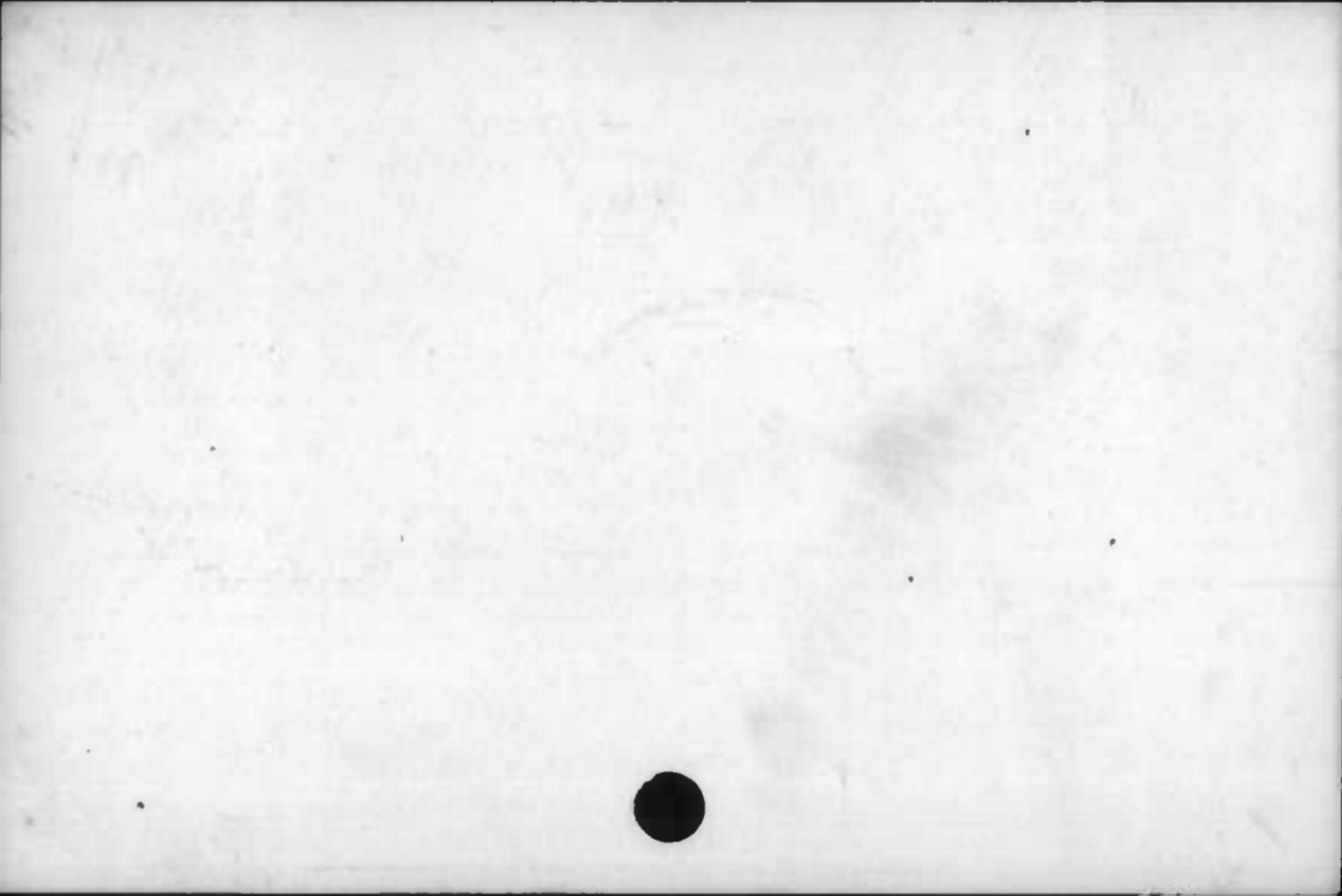
Died at	Town	County	MARYLAND		
Died at	Havre de Grace	Gayford			
Date of death	Month	Day	Years	Months	Days
1940	Jan.	26	83	• 5	8
Sex	Color or Race	Birth-place			
Female	White	Germany			
Occupation	Where Residing if not at place of death				
	Havre de Grace				
Married, Single or Widowed	Name of Wife or Husband	Thomas Davis			
Widow	Henry Hayden	Germany			
Father's Name	Mother's Birthplace				
Henry Hayden	Germany				
Mother's Maiden Name	Mother's Birthplace				
Unknown	"				
Name of person giving information	How related to deceased				
Earlie Charles	Grand child				

CAUSES OF DEATH

154

X

Primary	Sanility		How long
Immediate	Heart Complications		5 years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. A. Steiger	
		Address	Hans & Gene
			Mod
Accident or Suicide?			



Name  
in  
Full

Doris Eugene Dell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Aberdeen			County	Harford		MARYLAND
Died at	Month	Day	Year	8 <sup>th</sup>	Months	17	Days
Date of death 1900	1st.	23 <sup>rd</sup> .	Age 41.				
Sex	Color or Race	Male			White	Birth-place	Maryland
Occupation	Druggist			Where Residing if not at place of death Aberdeen			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	George W. Dell			Father's Birthplace	Hud.		
Mother's Maiden Name	Loyisa Martin			Mother's Birthplace	"		
Name of person giving Information	George Wm. Dell			How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Abscess Middle Ear

76

X

How long

16 days

Immediate

Meningitis

How long

24 hrs.

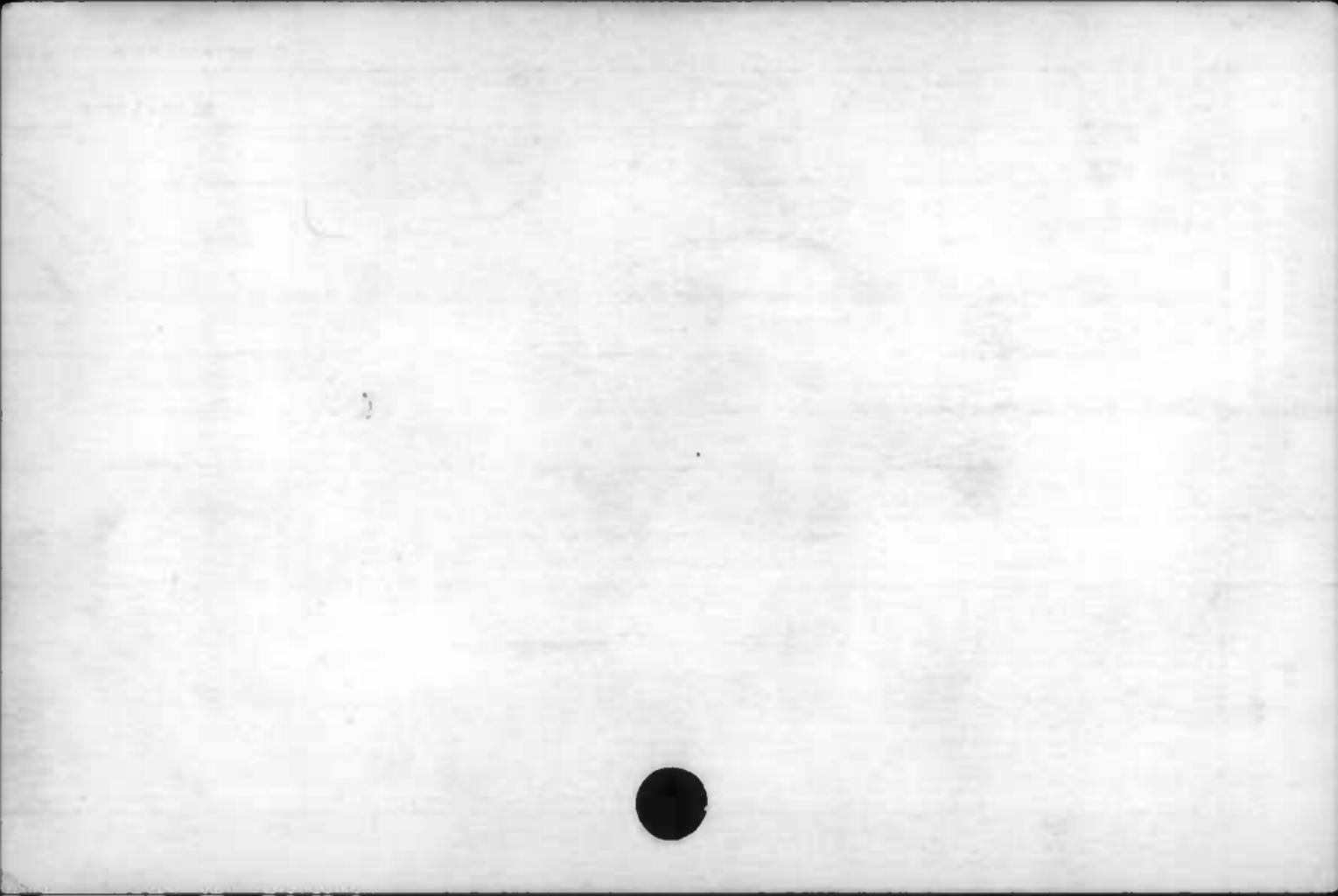
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

James A. Kennedy  
Aberdeen, Md

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH								
Died at	Town	County	MARYLAND					
Date of death	Month	Day	Years	Months	Days			
Died at	Abingdon	Harford	MARYLAND					
Date of death	1940	Jan.	13	Age	73			
Sex	Female	Color or Race	White	Birth-place	Maryland			
Occupation	Housewife	Where Residing if not at place of death						
Married, Single or Widowed	Widowed	Name of Wife or Husband	Mrs E Griffin					
Father's Name	Jacob M <sup>o</sup> Cormas						Father's Birthplace	Maryland
Mother's Maiden Name	Carrie Martin						Mother's Birthplace	Maryland
Name of person giving Information	Mrs Mc Jaw						How related to deceased	Daughter
CAUSES OF DEATH								
Primary	Chronic Gastritis Hepatitis						How long	Two days
Immediate	Intrathoracic Collapse						How long	20 hours
Are the name, age, sex, color, date and place correctly given above?							Signature of Physician	R. Opperman M.D.
							Address	Abingdon
							Accident or Suicide	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Hamilton Not Named Still Born

CERTIFICATE OF DEATH

MARYLAND

Died at Harrde Grav R-D Town County  
Date of death 1901 Month Day Years Months Days

Sex male Color or Race white Birth-place Md

Occupation \_\_\_\_\_

Where Residing if not  
at place of death

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Wm Hamilton

Father's Birthplace Md

Mother's Maiden Name Hattie Thompson S

Mother's Birthplace Md

Name of person giving Information

How related to deceased

CAUSES OF DEATH

Primary

Still Born

How long —

Immediate

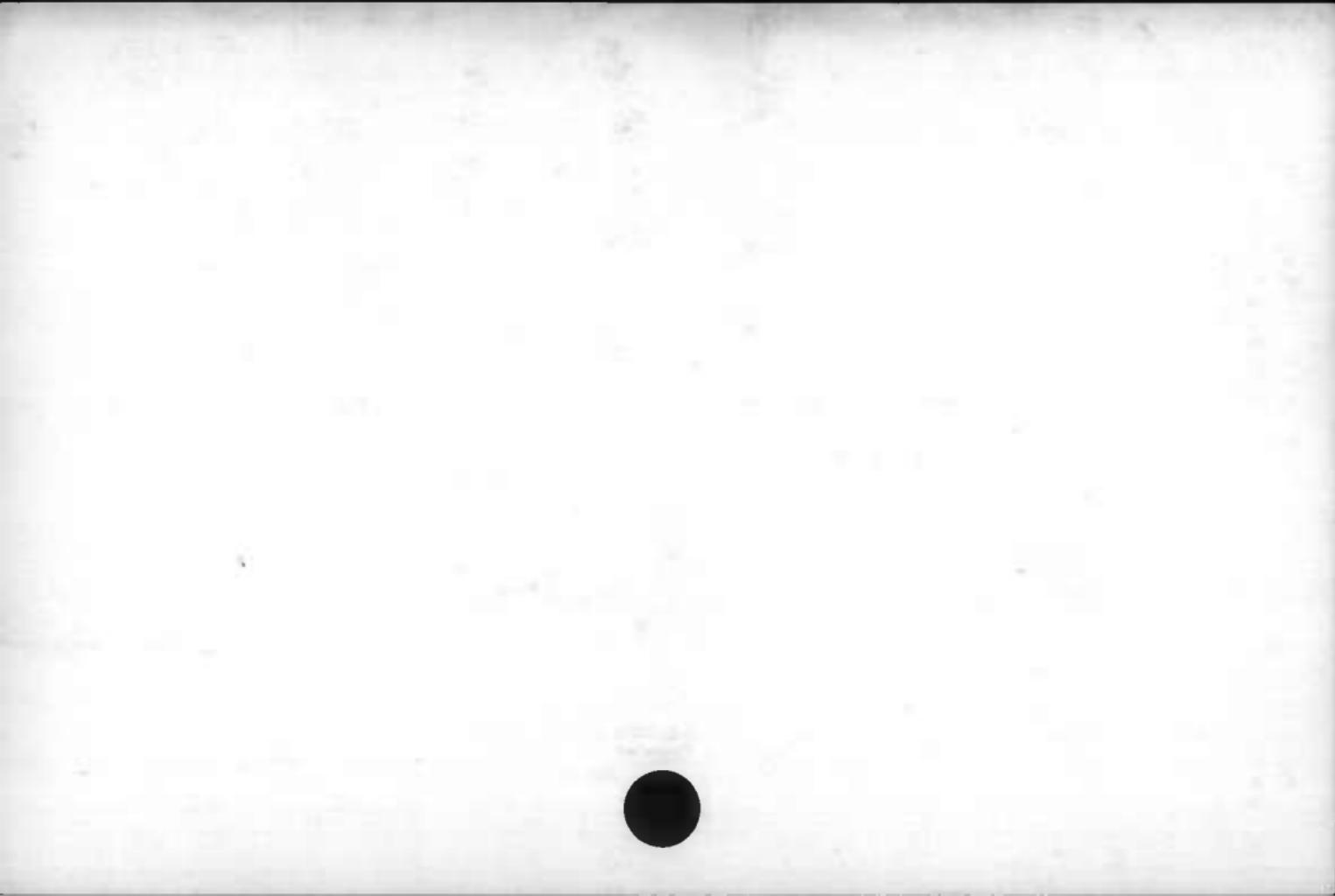
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. B. Kirk Md.  
Washington D.C.

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

8

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Color or Race		Birth-place		Marital Status		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace		Mother's Birthplace		
Father's Name	<i>Lloyd Karnis</i>		<i>Mt</i>		<i>Mt</i>		
Mother's Maiden Name	<i>Annis Rice</i>		<i>Mt</i>		<i>Jackson</i>		
Name of person giving information	<i>Lloyd Karnis</i>		How related to deceased				

CAUSES OF DEATH

189

How long

How long

Primary

*Marsennus*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*P. O. Office  
Perryman  
Md*

Accident or Suicide?

unin chaff fed

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Hannah Hecht

Town

Died at

Haar de Grace

County

Harford -

MARYLAND

Month

Day

Date  
of death 190

January 22

Years

Age 78

Months

Days

26

Sex

Female

Color or  
Race

white

Birth-  
place

Beerfelden, Germany

Occupation

House hold duties

Where Residing if not  
at place of death

Haar de Grace -

Married, Single  
or Widowed

Widowed.

Name of Wife or  
Husband

Leibnaw Hecht

Father's  
Birthplace

Germany -

Elias Simon

Mother's  
Birthplace

Germany -

Mother's  
Maiden Name

Caroline Simpson

How related  
to deceased

Grandson

Name of person giving  
Information

Leed. Hecht!

## CAUSES OF DEATH

Primary

Paroxysms

66

X

How long

5 yrs

Immediate

Heart Complaints

How long

4 yrs months

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

R. H. Smith  
Haar de Grace  
Md

Accident or Suicide



Name  
in  
Full

Laura C Heimore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County  
Died at Havre de Grace Harford  
Date Month Day Years  
of death 1910 Jan 30 65 Months Days  
Sex female Color or Race colored Birth-place Havre de Grace  
Occupation wife Where Residing if not et place of death  
Married, Single Name of Wm or Husband Wesley Heimore  
or Widowed married Father's Birthplace don't know  
Father's Name Howard Gray Mother's Birthplace Havre de Grace  
Mother's Name Minnie Rice  
Meiden Name Husband How related to deceased  
Name of person giving information Husband

PHYSICIAN  
OR CORONER

Primary

Fibroid "Tumor of womb

Immediate

+ Valvular Heart Disease

CAUSES OF DEATH

129

How long

I don't know

How long

2 or 3 months

Are the name, age, sex, color, date  
and place correctly given above?

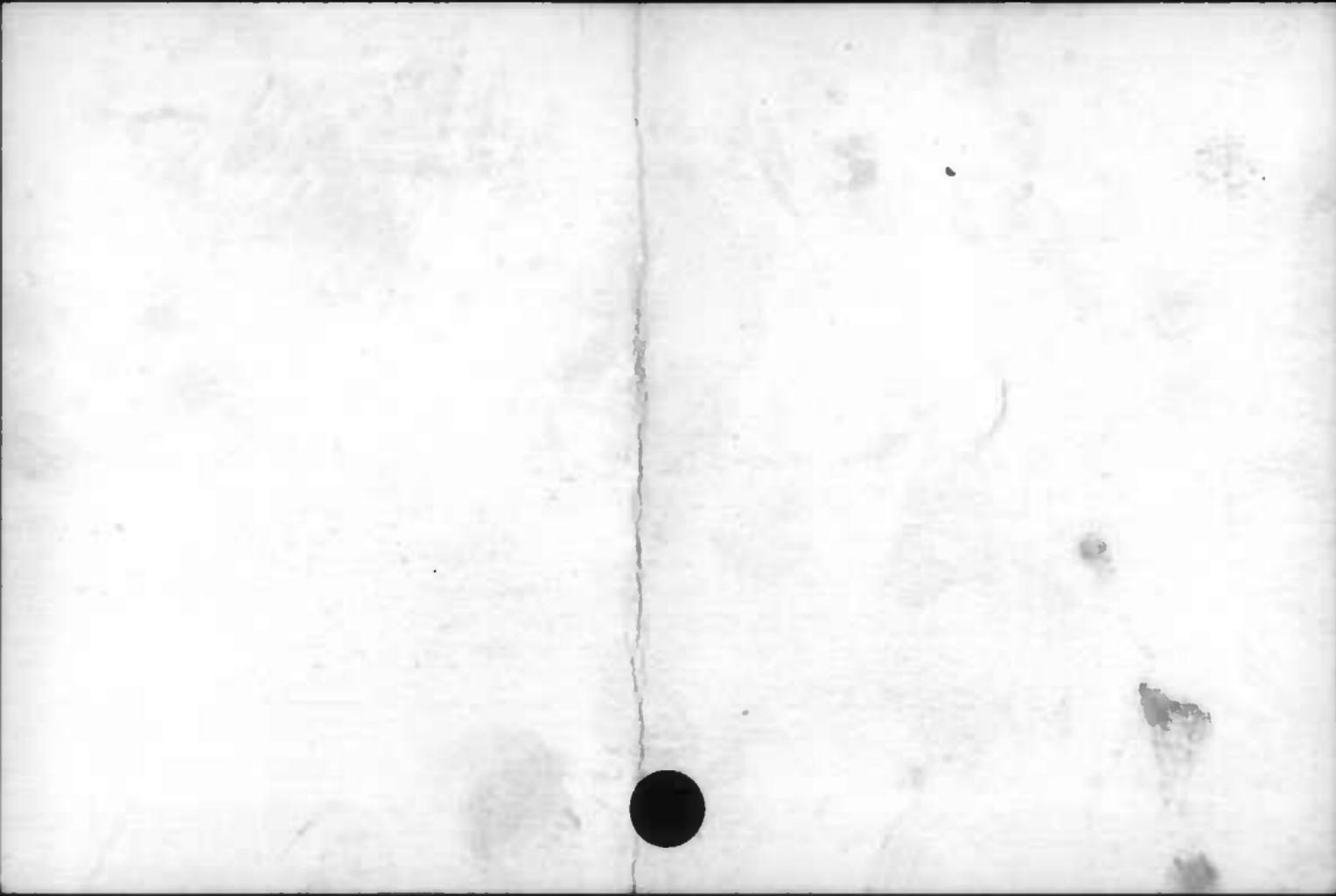
Yes

Signature of  
Physician

Address

Al Costello  
Havre de Grace

Accident or Suicide



Name  
in  
Full

Patrick J. Kollohan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Gard de Grace		Garfond			
Date of death	Month	Day	Years	Montha	Days
190	Jan.	13	Age 49	-	-
Sex	Male	Color or Race	White	Birth-place	Gard de Grace
Occupation	Labor				
Married, Single or Widowed	Name of Wife or Husband		Where Residing if not at place of death		
Married	Julia Kollohan		" " "		
Father's Name	Patrick Kollohan				
Mother's Maiden Name	Unknown				
Name of person giving Information	Edward Kollohan				
CAUSES OF DEATH					
Primary	Grip & Erysipelas				
Immediate	Acute infection				
How long					
10 X					
How long					
5 days					
How long					
2 days					

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. H. Smith  
Gard de Grace  
Med

8

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John M. Johnson

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	Place
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Sge	Name of Wife or Husband			
Father's Name	Joshua Johnson			Father's Birthplace	Med
Mother's Maiden Name	Hannah Johnson			Mother's Birthplace	de
Name of person giving Information	Joshua Johnson			How related to deceased	Batler

CAUSES OF DEATH

(97)

How long

1 week

How long

Primary Bronchitis Pneumonia

Immediate Syncope

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R. S. Page  
Bel Air.

Address

8  
Accident or Suicide?

Henry Clark

Name  
in  
Full

Mary Jane Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Date of death 1900	Month Jan	Day 25	Years 79	Month 3	Day
Sex Female	Color or Race	White		Birthplace	Harford Co Md
Occupation Housekeeper	Where Residing if not at place of death				as above
Married, Single or Widowed Widow	Name of Wife or Husband		Joseph Johnson		
Father's Name William Wallis			Father's Birthplace Harford Co, Md		
Mother's Maiden Name Mary (Unknown)			Mother's Birthplace in United States		
Name of person giving Information H. E. Anderson			How related to deceased Not at all		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

How long

Some 10 years

Immediate

Acute attack

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

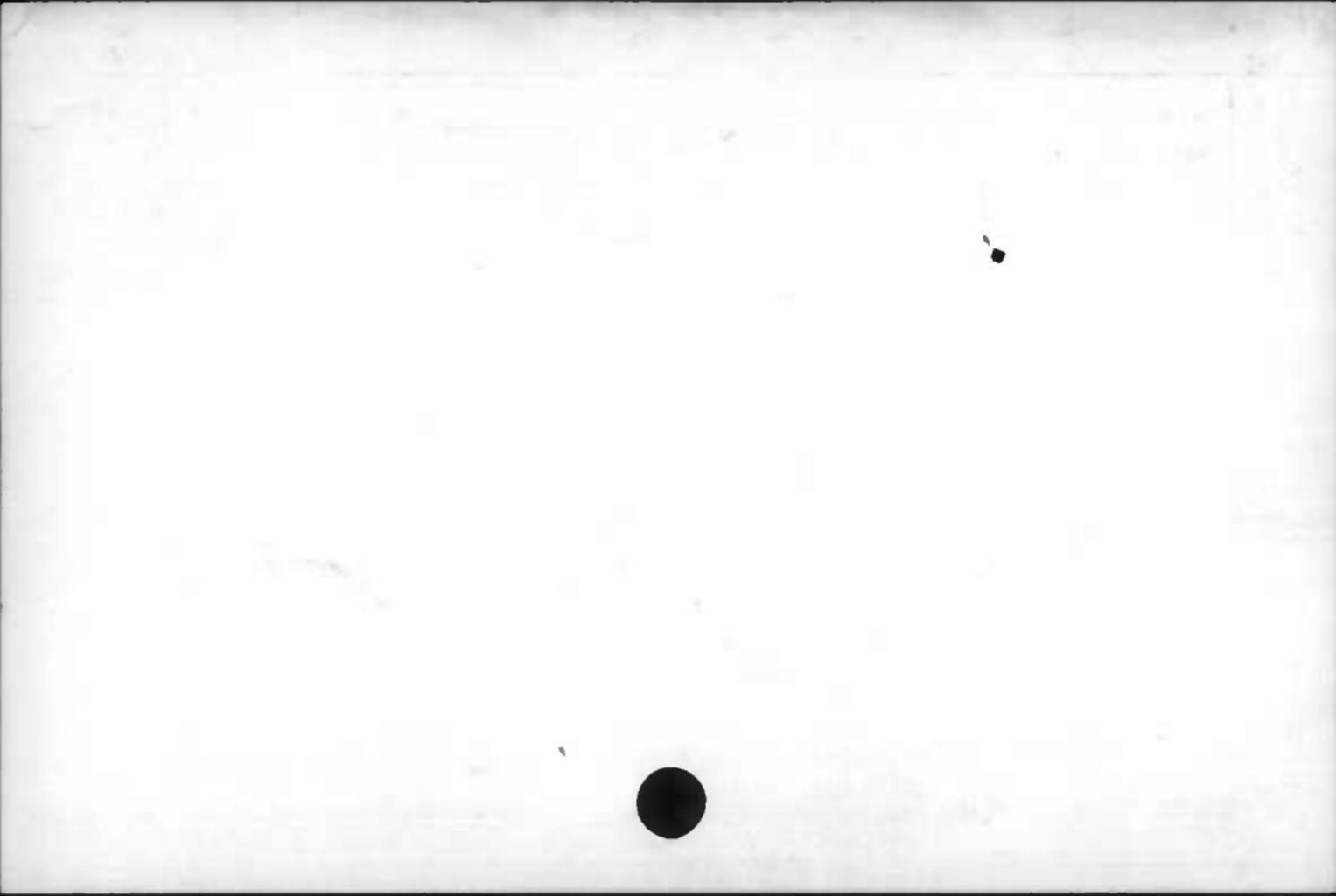
Address

Ephr<sup>m</sup> Hopkins

Darlington

Md

Accident or Suicide



Name  
in  
Full

Martha E. King

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Robert A. King			
Father's Name	John M. Lambill			Father's Birthplace	Third
Mother's Maiden Name	Margaret Larson			Mother's Birthplace	Third
Name of person giving information	May Boardman			How related to deceased	Daughter

CAUSES OF DEATH

79

How long

10 yr

How long

2 weeks

PHYSICIAN  
OR CORONER

Primary Cause of Death

Immediate Cause of Death

Are the name, age, sex, & date and place correctly given above?

Signature of Physician

Address

F. P. Smithson  
Hector Hill Ind

Accident or Suicide?

Dove creek Church

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Bel Air

Town

County

Date

of death 1960

Month

July

Day

11

Years

34

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Bel Air

Occupation

Civil Engineer

Where Residing if not  
at place of death

Bel Air

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Mary C. Lee

Father's  
Birthplace

Father's  
Name

Mr. J. W. Lee

MD

Mother's  
Maiden Name

Sage Suffit

MD

Name of person giving  
Information

J. W. Lee

MD  
Booker

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

28

How long

X  
3 years

Immediate

Syncope (Cardiac)

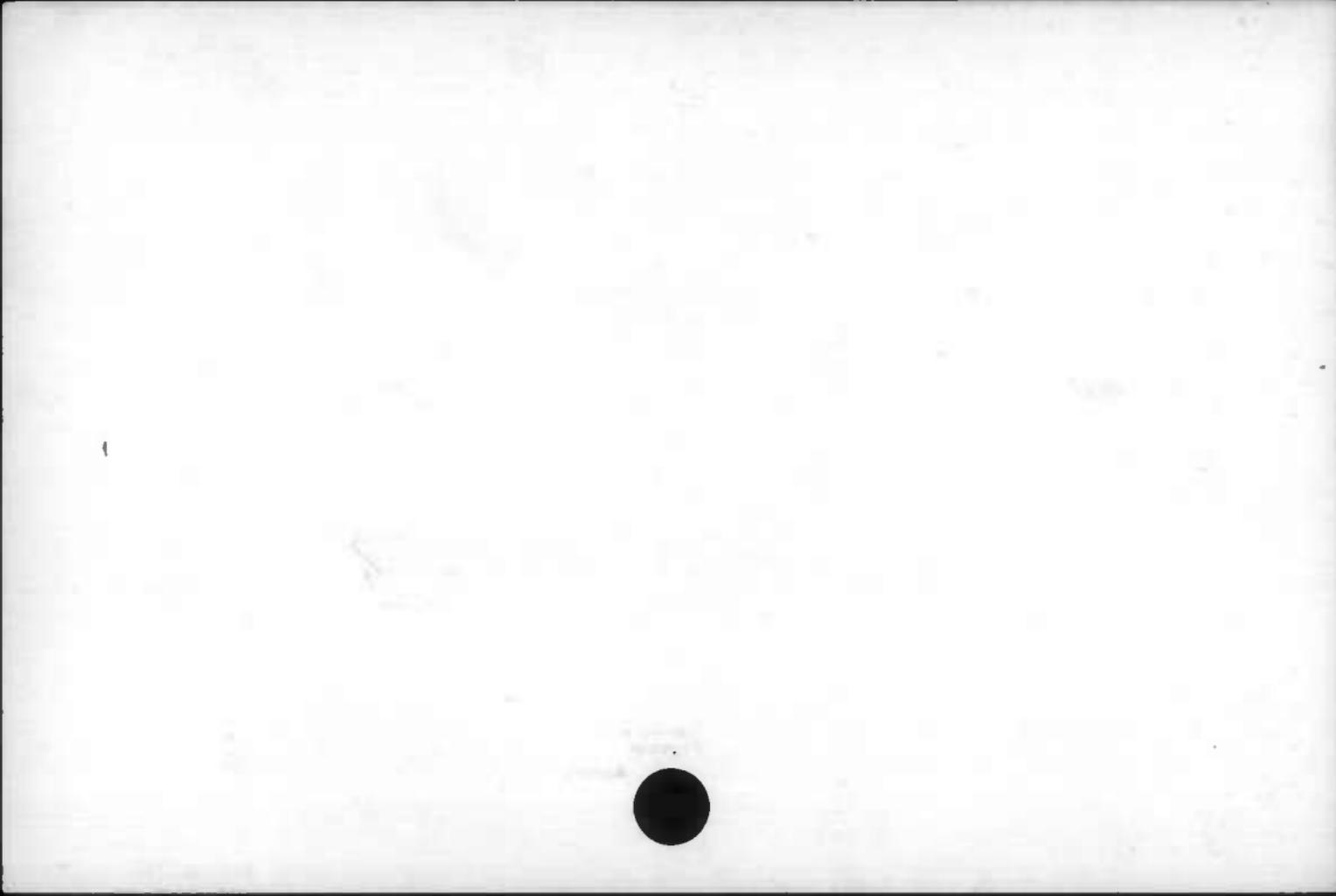
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Robert S. Pag  
Bel Air

Accident or Suicide



Name  
in  
Full

Abbie G. Malshue

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Edgewood

County  
Baltimore

MARYLAND

Date  
of death 19

Month  
Jan

Day  
5

Years  
61

Montha

Days

Age

61

Sex  
Female

Color or  
Race  
white

Birth-  
place  
Maine

Occupation  
Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband  
Jack Percy Malshue

Father's  
Name

Augustus P. Dudley

Father's  
Birthplace  
Bethune

Mother's  
Maiden Name

Frances J. Wymore

Mother's  
Birthplace  
Maine

Name of person giving  
Information

J. F. Malshue

How related  
to deceased  
Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

99

How long

9 days

Immediate

Heart Failure

How long

Charles Rich -  
Edgewood Md

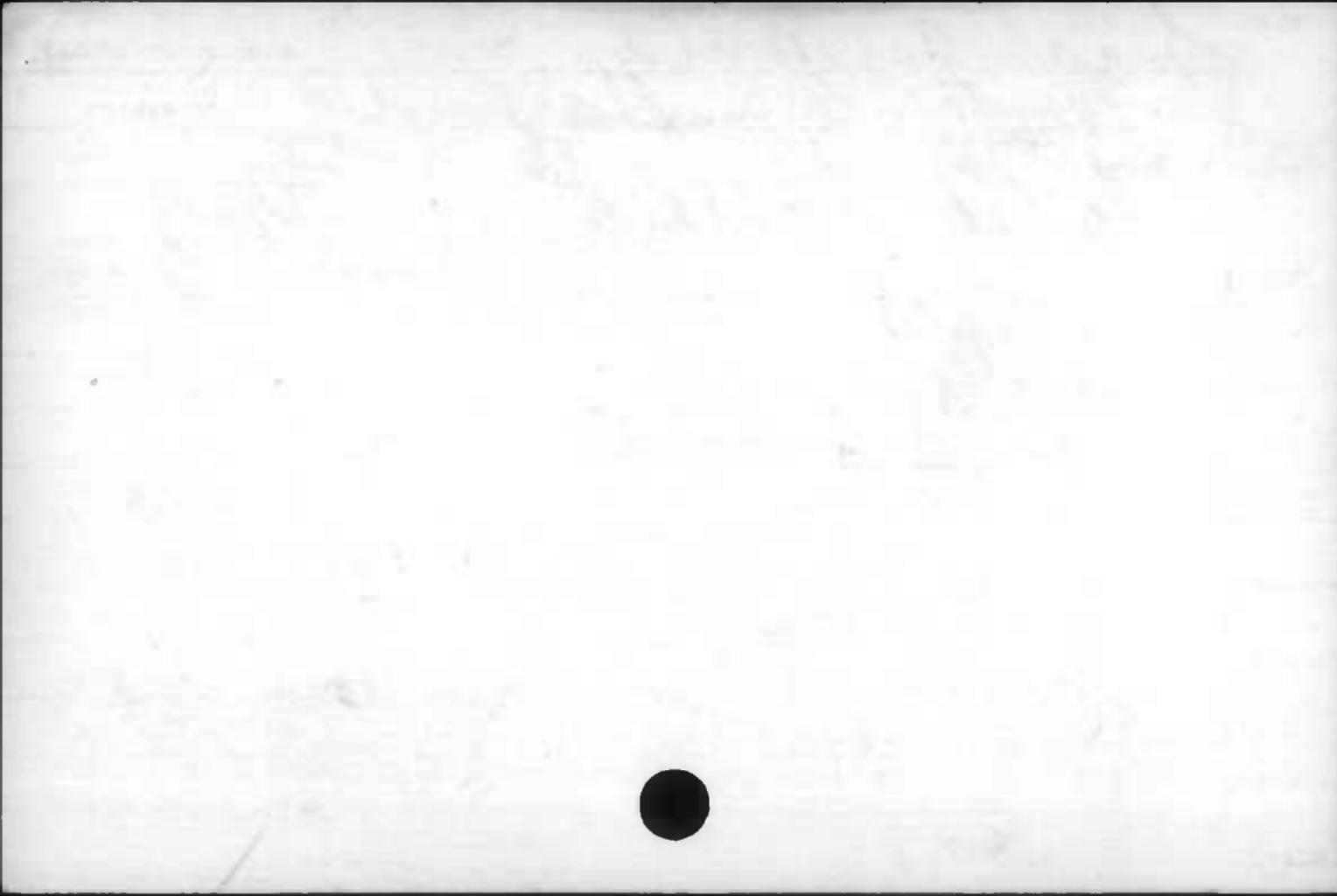
Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Sarah J. Novis

CERTIFICATE OF DEATH

Died at		town	County		MARYLAND		
Date of death	1940	Month Jan	Day 21	Years 86	Months	Days 1	
Sex Female	Color or Race White	Birth-place		Baltimore			
Occupation	Where Residing if not at place of death		Fountain Green				
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Alexandria Novis		Father's Birthplace		Ind.		
Mother's Maiden Name	Elizabeth Sutherland		Mother's Birthplace		Ind.		
Name of person giving information	Martha Chalke		How related to deceased		Daughter		

CAUSES OF DEATH

43 X

Cancer of Breast

How long

Several years -

Starvation & exhaustion

How long

4 or 5 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G. F. Van Dibben

Baltimore  
Md

Accident or Suicide?

No

Poach Strain

Name  
in  
Full

Lizzie Oberlander

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at	Own		County		
Darlington			Harford		
Date of death	Month	Day	Age	Years	Months
1907	Jay	8	33		Days
Sex	Female	Color or Race	white	Birth-place	York Co Penna
Occupation	Housekeeper		Where Residing if not at place of death	as above	
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	York Co Penna
Father's Name	John D Oberlander			Mother's Birthplace	a
Mother's Maiden Name	Rebecca J.	Unknown		How related to deceased	Sister
Name of person giving Information	Sadie Druck				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

42 X  
Primary Cancer of uterus & appendage  
How long 1 year

Exhaustion

How long

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Ephraim Hopkins  
Darlington  
Md



Accident or Suicide

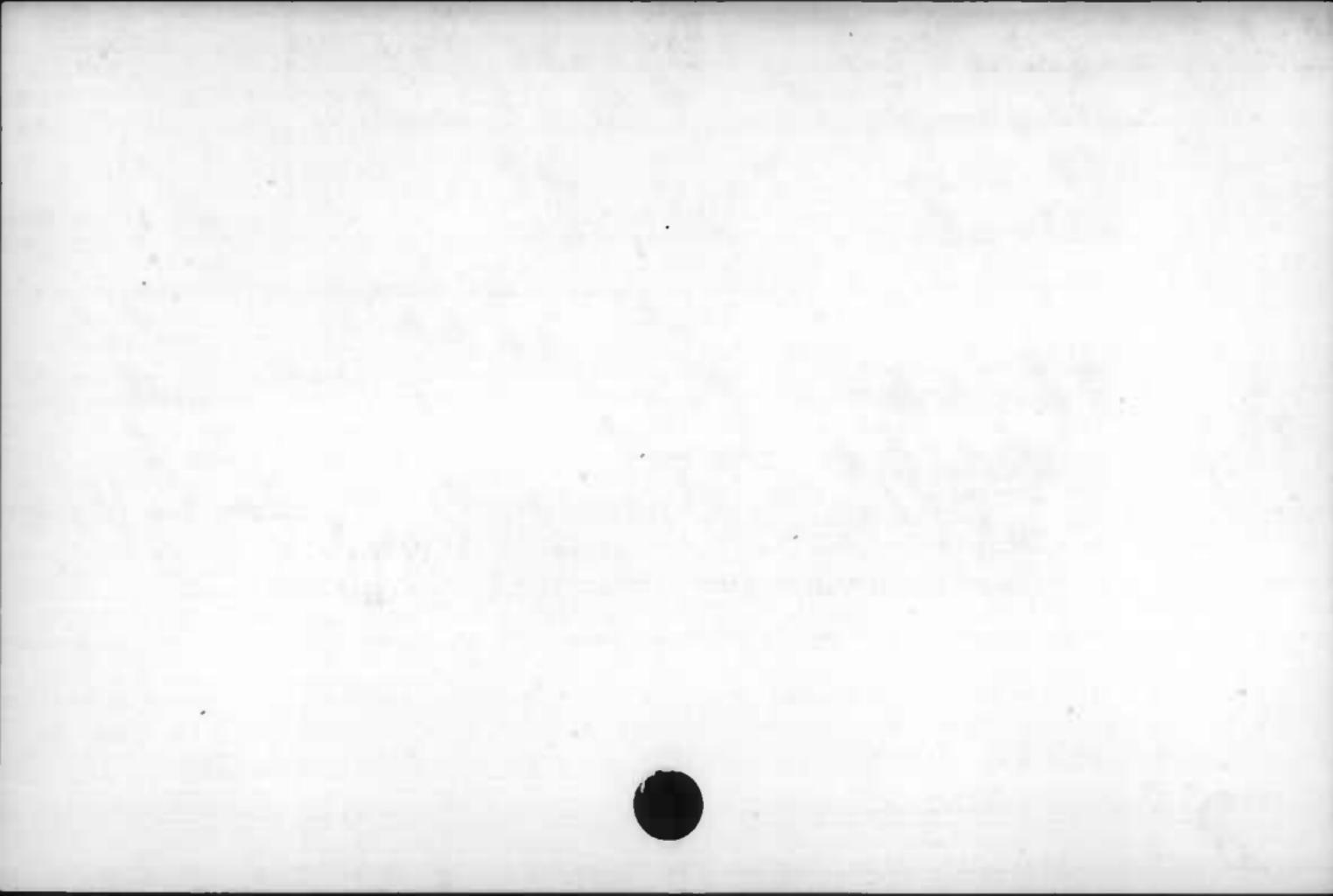


Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH					
Infant Son			James Presbury		
Died at	Town	County	Baltimore		
Date of death	Month	Day	Age	Months	Days
1960	January	25			
Sex	Male	Color or Race	Black	Birth-place	Washington
Occupation	Where Residing if not place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James Presbury				
Mother's Maiden Name	Marguerite Young				
Name of person giving information	James Presbury				
CAUSES OF DEATH					
Primary	189				
Immediate	X				
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician				
Yes	Address				
Accident or Suicide?	Do you believe				
	Entire Report				
	LIBRARY BUREAU ASSIST				



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Harold A. Reynolds

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1969	Month Jan	Day 17	Age 68	Years	Months - Days
Sex Female	Color or Race White	Birth-place Md.			
Occupation Housewife	Where Residing if not at place of death Thomas Run				
Married, Single or Widowed	Name of Wife or Husband George W. Reynolds	Father's Birthplace Md.			
Father's Name Abraham Ross	Mother's Birthplace Md.				
Mother's Maiden Name Sallie Ford	How related to deceased Son-in-Law				
Name of person giving information Alva L. Howard					

CAUSES OF DEATH

79



Primary

Initial Regurgitation

Unknown

Immediate

General Debility

How long

About one year

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. Lee Hughey

Baltimore, Md.

Accident or Suicide?

Hart  
County -  
Chamberlain

Name  
in  
Full

## Richardson CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Year	Months	Days
Sex	Color or Race	Age	27	10	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Home			
Father's Name	Richardson				
Mother's Maiden Name	Susan Wallis				
Name of person giving information	Charly Richardson				

## CAUSES OF DEATH

92

X

How long

How long

Primary

Pneumonia

Immediate

Bronchitis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J

Al Coughy  
Horn & Grace

Accident or Suicide?

Bernie Bradley Hill Gang  
Fletchers

Name  
in  
Full

Wm Mitchel Roussey

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	AGE	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Joseph Roussey		
Mother's Maiden Name	Mabel Anderson		
Name of person giving information	Joseph Roussey		

Congenital weakness

CAUSES OF DEATH

151

How long

Primary

Glycosuria of Mother

Immediate

Heart Weakness

How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

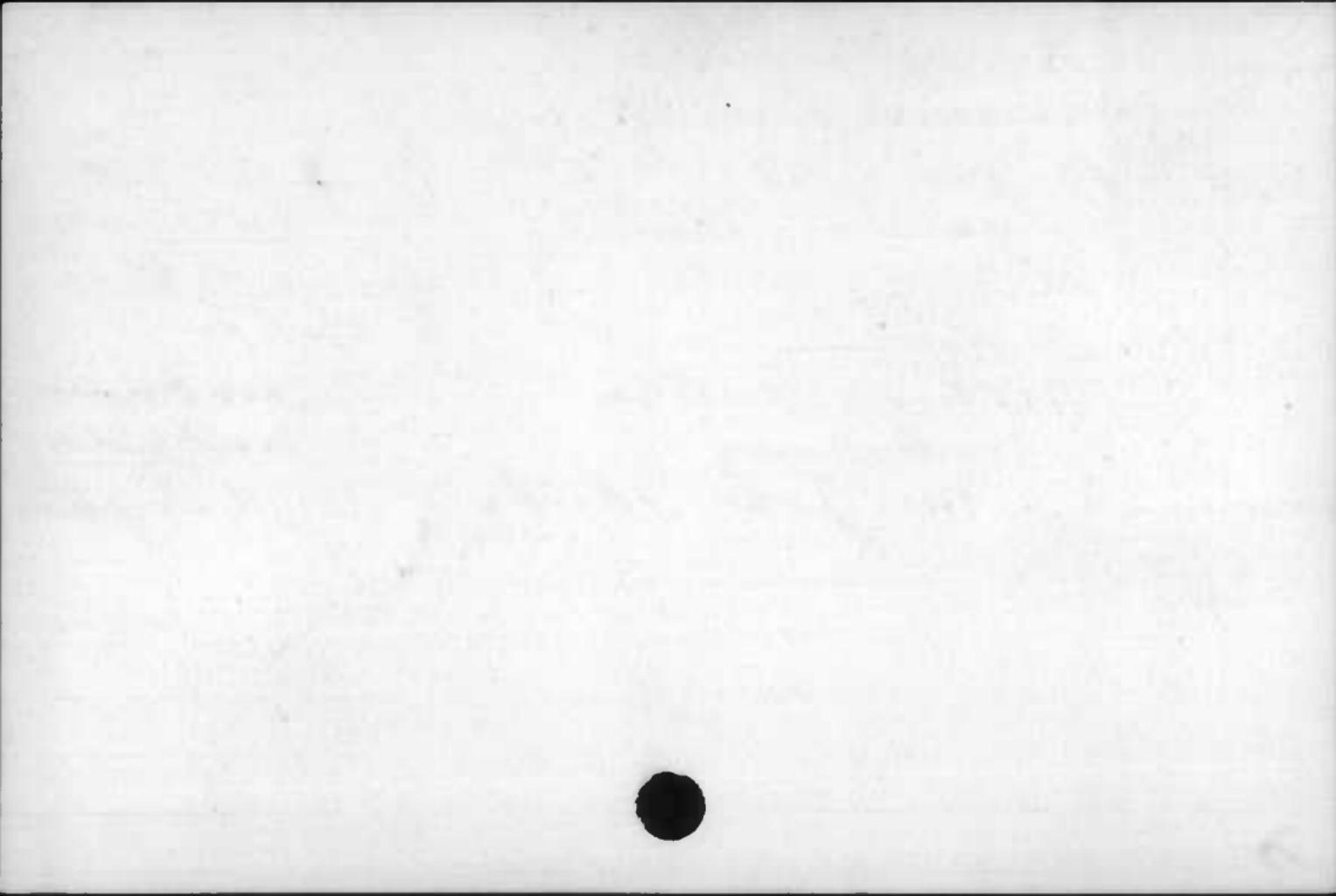
Signature of Physician

Address

J. H. J. Dias,  
Darlington, Md.

8

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Lydia Salik

Died at Havre de Grace Maryland

MARYLAND

Date of death 1940 Month Jan Day 28 Age 67 Years Months 1 Days 11

Sex Female Color or Race White

Birthplace Columbia, Md.

Occupation House work

Where Residing if not  
at place of death

Havre de Grace

Married, Single or Widowed Widow Name of Wife or Husband

John C. Salik

Father's Name William Fulton

Father's Birthplace unknown

Mother's Maiden Name unknown

Mother's Birthplace unknown

Name of person giving Information Mrs John Thorby

How related to deceased Daughter

## CAUSES OF DEATH

Primary age

66

How long

Immediate Peritonitis

How long 3 days

Are the name, age, sex, color, date  
and place correctly given above?

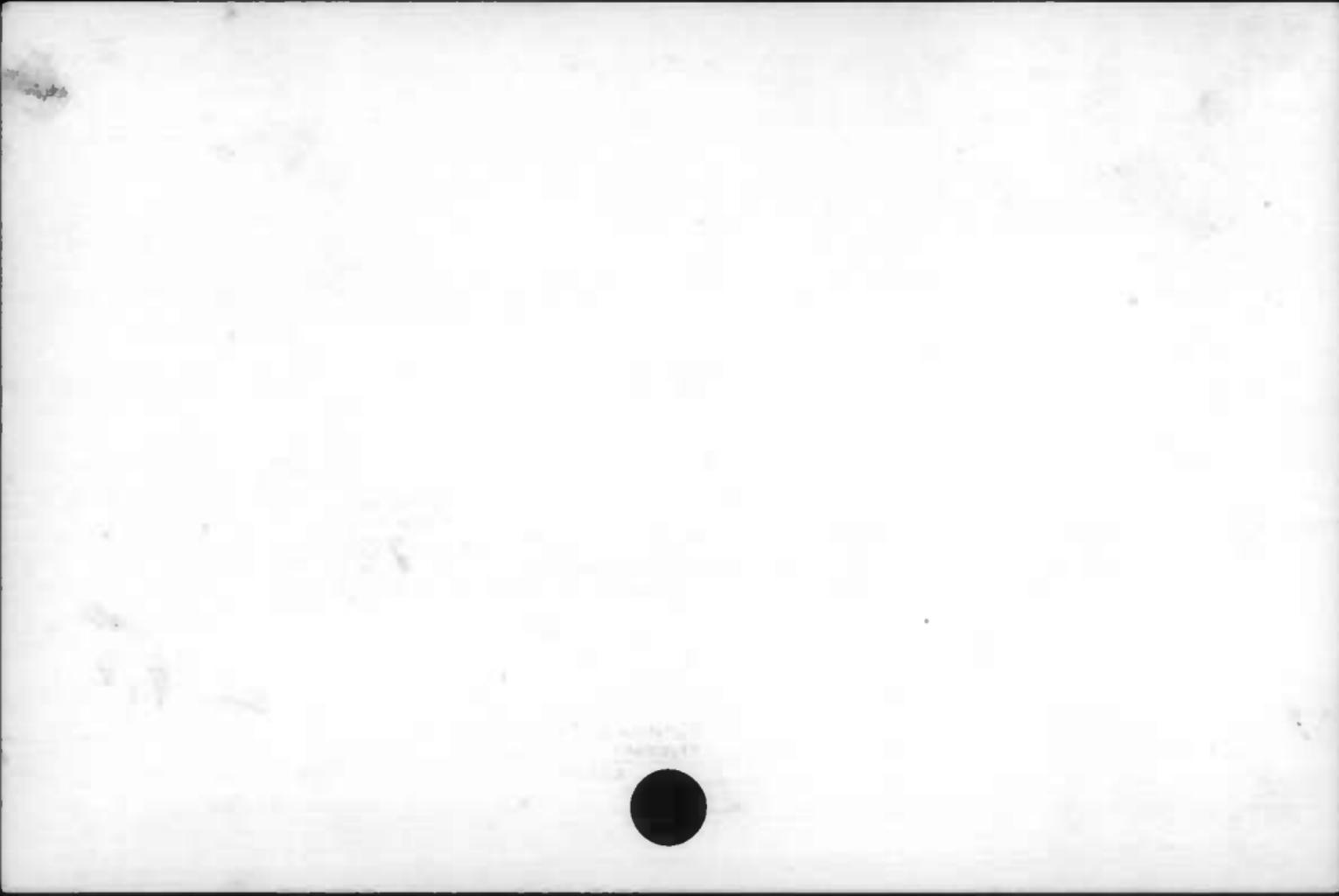
yes

Signature of Physician

Address

R. H. Smith  
Havre de Grace  
Md

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Carmelita E. Santmeyer

CERTIFICATE OF DEATH

Died at Keane de Grace County Kearnsford MARYLAND

Date Month Day Years Months Days  
of death 1960 1 18 Age 19 7 19

Sex Female Color or Race White Birth-place Keane de Grace Md.

Occupation Housework Where Residing if not at place of death Keane de Grace Md.

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Jefferson M Santmeyer

Father's Birthplace Kearnsford

Mother's Maiden Name Kaannah Edorowicz

Mother's Birthplace Ireland

Name of person giving Information George E Santmeyer

How related Brother

Deceased

CAUSES OF DEATH

(28) X

How long

Primary Acute Pulmonary Tuberculosis 4 weeks

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

R H Smith  
Keane de Grace Md.

Accident or Suicide

angie Hill Jan 21  
Hletcher

Name  
in  
Full

William F Skillman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	New York
Occupation	Farmer			Where Residing if not at place of death	Abingdon
Married, Single or Widowed	Single	Name of Wife or Husband	none		
Father's Name	Josiah			Father's Birthplace	N.Y.
Mother's Maiden Name	Not Known			Mother's Birthplace	Not Known
Name of person giving Information	William Skillman			How related to deceased	Stepson

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Hypertension

Immediate

Anemia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

14

How long

7 months

How long

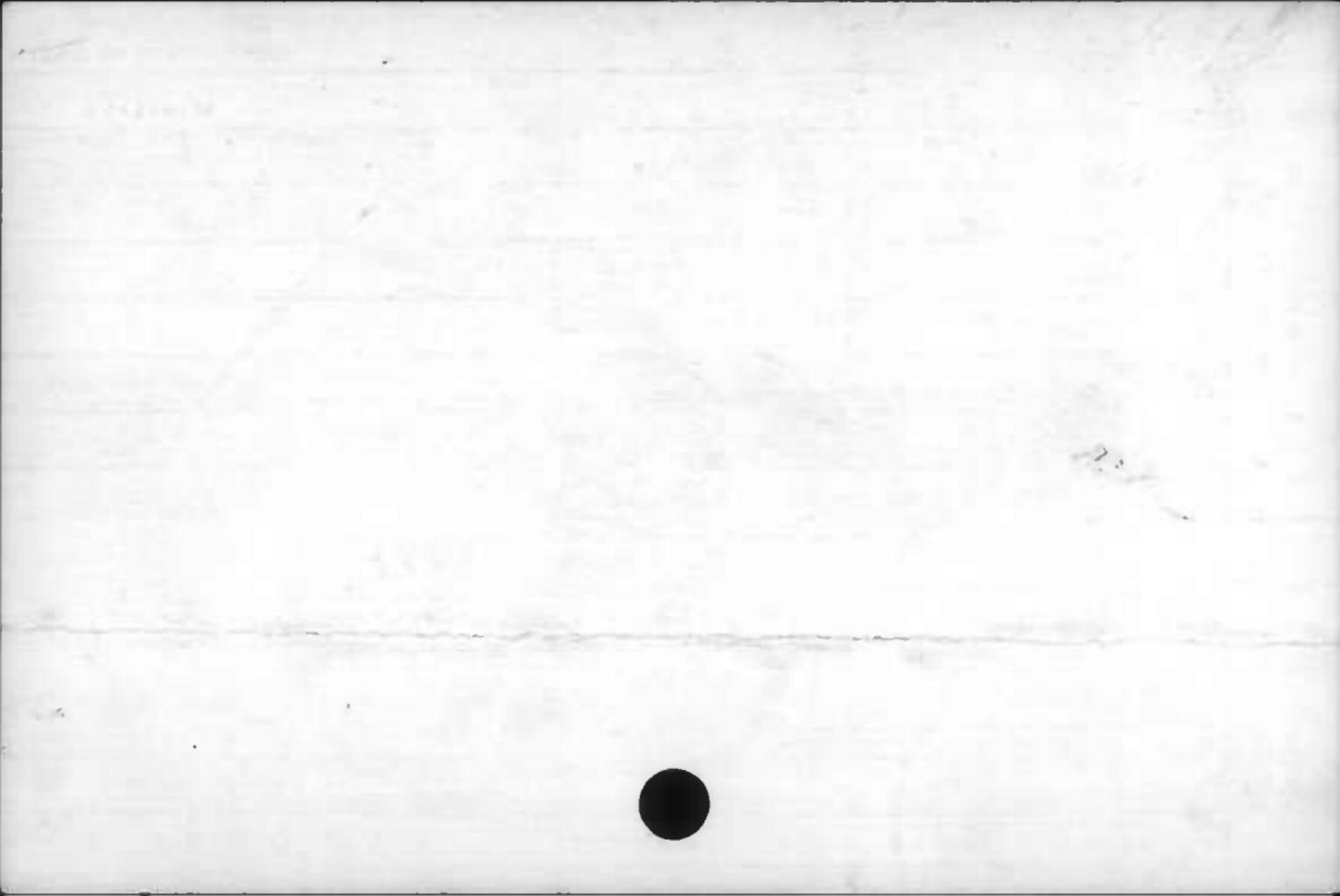
3 months

Charles Town

Edgewood

Mo

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

A. Grand Stilts				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age	—	5-	—		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Father's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving Information	How related to deceased						

1900 Jan 31

Female White

Harford

Harford

Jan 31

—

Ind

Marie P. Stilts

Sarah P. Gilbert

Lucyde Debon

Ind

Ind

Aunt

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pertussis

8

X

How long

Two weeks

Immediate

Broncho-pneumonia

How long

one week

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

J. Lee Hughes

Address

Bel Air  
Md.

Accident or Suicide

Mount Zion

---

Name  
in  
Full

Not named Swann

CERTIFICATE OF DEATH

To be ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1908	Month Jan	Day 27	Years Age 18
Sex Female	Color or Race white	Birth-place Shant-	Montha Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Baltimore
Mother's Maiden Name	Minnie Wallin	Mother's Birthplace	Hanford
Name of person giving Information	Eliza Wallin	How related to deceased	Daughter

CAUSES OF DEATH

Primary

Emphysema

151

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

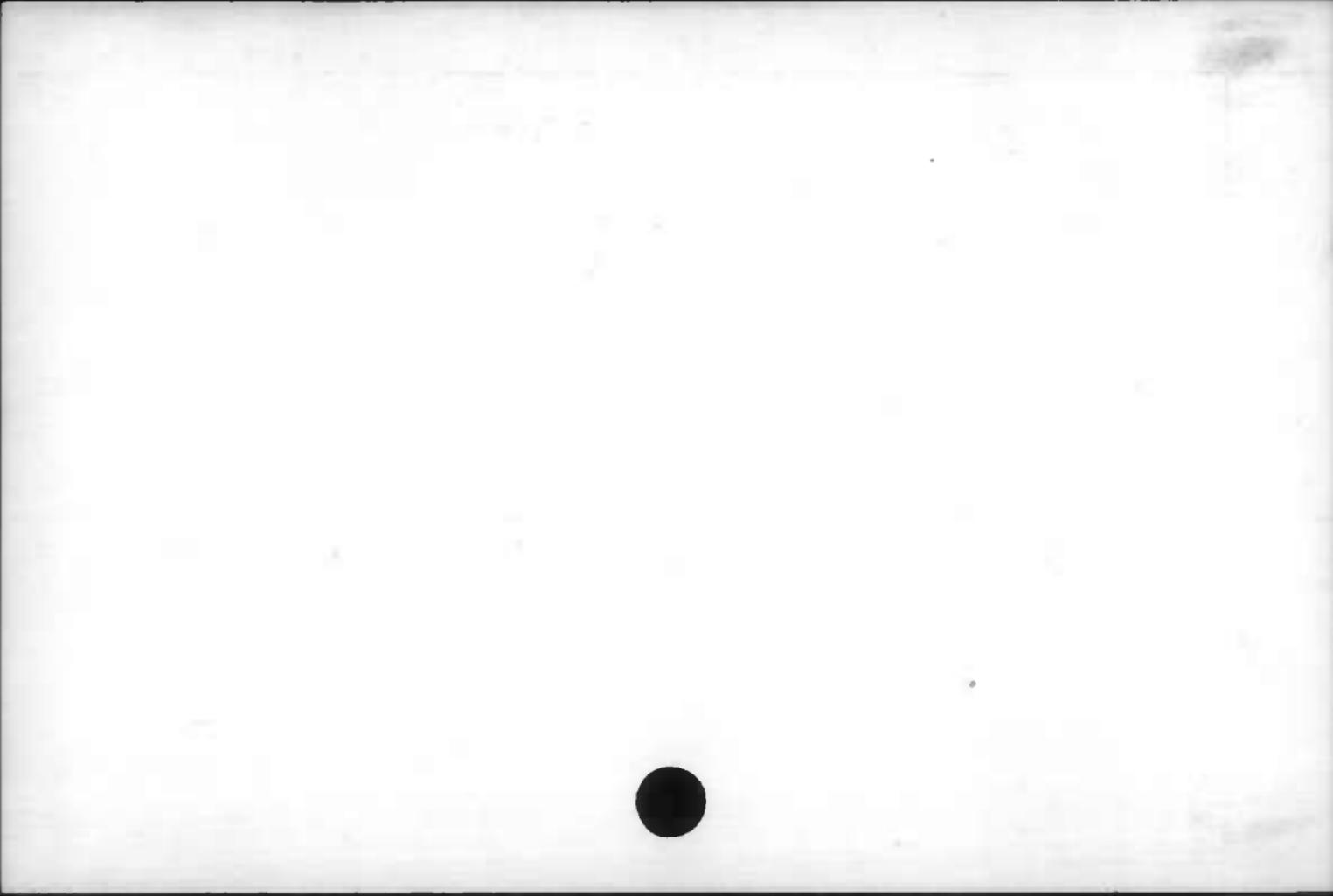
Address

Dr W. E. Arthur  
Cardiff MD

PHYSICIAN  
OR CORONER

Accident or Suicide

2nd



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Thomas W. Tasker

CERTIFICATE OF DEATH

Died at	Place	County	MARYLAND			
Date of death	Month	Day	Age	Years	Months Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widower	Name of Wife or Husband	Mattie Tasker				
Father's Name	Robert Tasker					Father's Birthplace
Mother's Maiden Name	Sarah Young					Mother's Birthplace
Name of person giving information	Mrs Hayward					How related to deceased

CAUSES OF DEATH

199

How long

How long

Primary

Don't know

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Street & No.  
Register of Local Board

J

Accident or Suicide?

Clarke Chapel

Name  
in  
Full

Edith Turner

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Bryan Turner		Father's Birthplace	Harford Co	
Mother's Maiden Name	Grace Jackson		Mother's Birthplace	Harford Co	
Name of person giving Information	Edith Turner		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bronchitis

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?

89

long

3 mo

How long

1 week

J. P. Smithson

Forest Hill Md

fairview

Name  
in  
Full

Terriette F. Warner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Year
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Name of Person giving Information	
Father's Name	Name of Person giving Information		
Mother's Maiden Name	Name of Person giving Information		
Name of person giving Information		How related to deceased	

Valley

Howard

1940 1 22 77

Male White as above

Warren Sam

Married Maria J. Blackwell

John How Warner

Samuel Boivin Anna

Samuel Boivin Anna

Son Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bronchitis

90

How long

8 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Castrolingworth

Bul air

red

J

Accident or Suicide?

Friends meeting house

Name  
in  
Full

William J Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

PHYSICIAN  
OR CORONER



Town	County			
Died at	Baltimore			
Date of death 1900	Month	Day	Years	Months
Sex	Male	Color or Race	White	Days
Occupation	Quarryman			
Where Residing if not et place of death	Horford Md			
Married, Single or Widowed	Married	Name of Wife or Husband	Anna Williams	
Father's Name	James Williams			
Mother's Maiden Name	Mary Jones			
Name of person giving Information	Arch Williams			

CAUSES OF DEATH

Primary

Influenza

10

How long

2 Day<sup>s</sup>.

Immediate

Pneumonia

How long

3 Day<sup>s</sup>

Are the name, age, sex, color, date and place correctly given above?

Yes

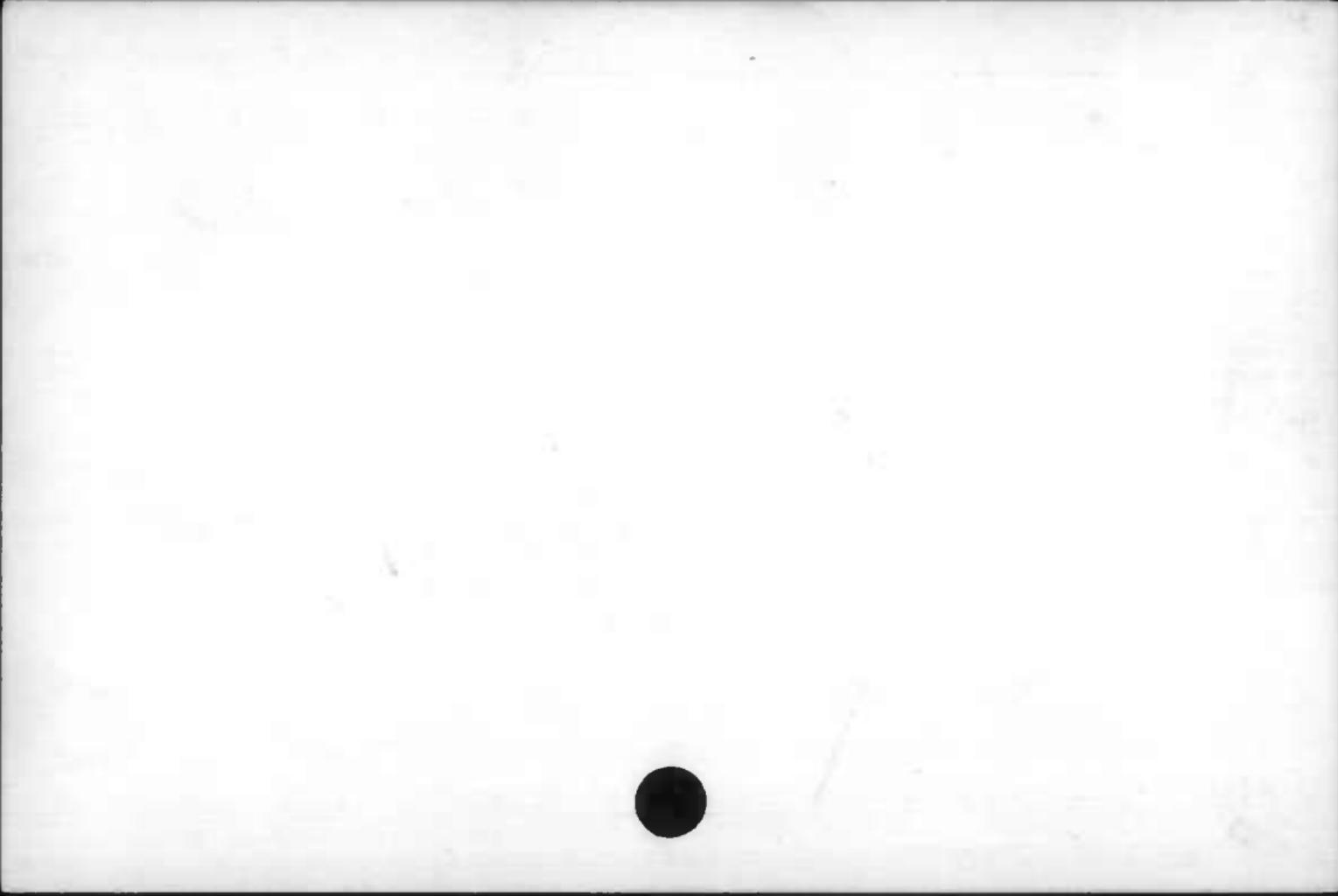
Signature of Physician

Address

Riverton Ramsey,  
Della Penna

Accident or Suicide

" —



Name  
in  
Full

Mary Jane Zimmerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1940	Month 1	Day 19	Years 83	Months 7	Days 13
Sex Female	Color or Race White	Birth-place Ireland			
Occupation Nurse	Where Residing if not at place of death Bel Air.				
Married or Widowed	Name of Husband George Zimmerman	Father's Birthplace Scotland			
Father's Name George Stevenson	Mother's Maiden Name Elizabeth Perry	Mother's Birthplace Ireland			
Name of person giving information Lydia A. Rockwood	How related to deceased Daughter				
CAUSES OF DEATH					
Primary	Atherosclerosis			How long 66	X
Immediate	Paralysis			How long 36 hours	

PHYSICIAN  
OR CORONER

J

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Arnold L. Sappington

Address

Bel Air.

Accident or Suicide?

Univer ch